

APPLICATION FOR REVIEW -Complete all pages-

PETITION FOR VARIANCE

Safety & Buildings Division Bureau of Integrated Services This page may be utilized for fax appointments
Complete and indicate date plans will be in our office

1. Facility Information		Complete for confirmed	appointments*:		
Facility (Building) Name:		Transaction ID:			
Number and Street		n : n:/:/= in			
Commerce Site Number (if known):		Assigned Reviewer:			
Legal Description:		Assigned Office:			
County of:		Review Start Date*:			
() City () Village () Town of:		*Submittal must be received in the office			
		later than 2 working days before the con	Tirmed appointment.		
NOTE: Personal information you provide may be us					
2. Owner Information Customer #		3. Designer Information Customer Designer	r#		
Company Name		Design Firm			
Number and Street	1	Number and Street			
City, State, Zip Code		City, State, Zip Code			
Contact Person	(Contact Person			
Telephone Number Fax Number		Telephone Number Fax Num	nber		
Requesting revision Other: Commerce Transaction Number 5. State the code section being petitioned AND to the code section being petitioned AND to the code cannot be code	he specific condition or	variance.			
8. List attachments to be considered as part of the petitioner's statements (i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.).					
. VERIFICATION BY OWNER - PETITION IS VA (See Section Comm 2.52 for complete fee inform designers, contractors, attorneys, etc., shall not s	ation) Note: Petitioner sign petition unless Pow	must be the owner of the building or system. er of Attorney is submitted with the Petition fo	Tenants, agents, r Variance Application.		
		as petitioner that I have read the foregoing posignificant ownership rights to the subject built			
Petitioner's Signature	Subscribed and sworn to before m this date	Notary Public e	My commission expires on		
Complete other side for variance requests from		1 50-64			
MAKE CHECKS PAYABLE TO DEPT. OF COMMI	ERCE	TOTAL AMOUNT DUE \$			
Owner's Name	Project Location	Plan	n Number		

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Fire Department Position Sta To be completed for variances requested from Comm 50-64, Comm 69,	
	·
I have read the application for variance and recommend: (check appro ☐ Approval ☐ Conditional Approval ☐ Denial ☐ No Conditional Approval ☐ Denial	priate box) Comment
Explanation for recommendation including any conflicts with local rules and	d regulations and suggested conditions:
Fire Department Name and Address	
	Talankana Manakan
Name of Fire Chief or Designee (type or print)	Telephone Number
Signature of Fire Chief or Designee	Date Signed
To be completed for variances requested from Comm 20-23. Also is by municipality or orders are written on the building under or Please submit a copy of the order. I have read the application for variance and recommend: (check appre	o to be used if Comm 50-64 plan review onstruction; optional in other cases. ders
I have read the application for variance and recommend: (check appro ☐ Approval ☐ Conditional Approval ☐ Denial ☐ No Conditional Approval ☐ Denial ☐ De	Comment
Explanation for recommendation including any conflicts with local rules and	d regulations and suggested conditions:
Municipality Exercising Jurisdiction	
Name and Address of Municipal Official (type or print)	Telephone Number of Enforcement Official
Signature of Municipal Enforcement Official	Date Signed

PETITION FOR VARIANCE INFORMATION AND INSTRUCTIONS Comm 3

In instances where exact compliance with a particular code requirement cannot be met or alternative designs are desired, the Division has a petition for variance program where it reviews and considers acceptance of alternatives which are not in strict conformance with the letter of the code, but which meet the intent of the code. A variance is not a waiver from a code requirement. The petitioner must provide an equivalency which meets the intent of the code section petitioned to obtain a variance. Documentation of the rationale for the equivalency is requested below. Failure to provide adequate information may delay your petition. Pictures, sketches, and plans may be submitted to support equivalency. If the proposed equivalency does not adequately safeguard the health, safety, and welfare of building occupants, frequenters, firefighters, etc., the variance request will be denied. NOTE: A SEPARATE PETITION IS REQUIRED FOR EACH BUILDING AND EACH CODE ISSUE PETITIONED (i.e., 57.13 window issue cannot be processed on the same petition as 51.16 stair issue). It should be noted that a petition for variance does not take the place of any required plan review submittal.

The Division is unable to process petitions for variance that are not properly completed. Before submitting the application, the following items should be checked for completeness in order to avoid delays:

- Petitioner's name (typed or printed)
- Petitioner's signature
- The Petition for Variance Application must be signed by the owner of the building or system unless a Power
 of Attorney is submitted.
- Notary Public signature with affixed seal
- Analysis to establish equivalency, including any pictures, illustrations or sketches of the existing and proposed conditions to clearly convey your proposal to the reviewer.
- Proper fee
- Any required position statements by fire chief or municipal official
- For petitions and plan review to use the International Building, Mechanical, Energy Efficiency, or Fuel codes prior to July 1, 2002, submit 12 sets of plans and completed design summary worksheets The design summary worksheets are available on our web site or by calling.

A position statement from the chief of the local fire department is required for fire safety issues. **No position statement is required for** nonfire safety topics such as <u>sanitary</u>, <u>plumbing or POWTS systems and energy conservation</u>. Position statements for both the fire department and municipality are required for Comm 69 barrier-free petitions. For rules relating to one- and two-family dwellings, only a position statement from the local enforcing municipality is required. Position statements must be completed and signed by the appropriate <u>fire chief or municipal enforcement official</u>. See the back of SBD-9890, Petition for Variance Application form for these position statement forms. Signatures or seals on all documents must be originals. Photocopies are not acceptable.

Contact numbers and fees for the Division's review of the petition for variance are as follows:

Chapter	(circle appropriate category)	Revenue Code	Review Office	Contact Number	Fee	Revision Fee
COMM 5, License, Certific	cation, Registration		Madison	(608) 261-8500	\$200	\$100
Comm 10, Flammable liqu	uids		Madison	(608) 266-7529	\$250	\$100
Comm 11-13, LPG, LNG,	CNG tanks	8258	Waukesha	(414) 548-8617	\$250	\$100
Comm 16, Electrical		7631	Madison	(608) 266-7529	\$250	\$100
Comm 18, Elevators		8260	Waukesha	(414) 521-5444	\$250	\$100
Comm, 20-25 Uniform Dw	velling Code	7655	Madison	(608) 267-5113	\$125	\$50
Comm 34, Amusement R	ides	8266	Madison	(608) 267-4434	\$250	\$100
Comm, 41-42 Boilers and	Pressure Vessels	8258	Waukesha	(414) 548-8617	\$250	\$100
Comm 50-64, Commercia	al Building Code	7648	All Offices	See Numbers Below	\$500	\$100
(For Fire System Petiti	on for Variances – Contact the Madi	son or Waukes	sha offices)			
Comm 66, Uniform Multi-I	Family Dwellings	7648	All Offices	See Numbers Below	\$500	\$100
Comm 67-68, Rental Unit	Energy Efficiency Code	7646	Madison	(608) 267-2240	\$125	\$50
Comm 69, Barrier-Free R	equirements	7648	All Offices	See Numbers Below	\$250	\$100
Comm 70, Historic Buildir	ng Code	7648	All Offices	See Numbers Below	\$300	\$100
Comm 80-82, General Plu	umbing	7657	All Offices	See Numbers Below	\$225	\$75
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Comm 83 POWTS		7657	All Offices	See Numbers Below	\$225	\$75
All Other Chapters					\$250	\$100

Revisions are accepted only for 1 year after action on original petition.

Priority Review: The Department will schedule Petitions for Variance at the earliest available date, or the date requested at time of scheduling, which ever is later. Therefore, Priority Reviews are not generally available. In special circumstances, the Section Chief of the reviewing office may permit review prior to the scheduled date upon request by the submitter. If earlier review is permitted by the Section Chief, the Petition review fees will be doubled.

Except for special cases, the Division will review and make a determination on a petition for variance within 3 business days of the scheduled beginning date, provided all calculations, documents, and fees required for the review have been received.

Appointment and Scheduling Information

It is strongly recommended that an appointment be made in advance. For your convenience we have installed a 24 hour, toll free number dedicated to receiving fax plan review appointment request only. The number is 877-840-9172. Be sure to indicate whether you want the next available review statewide or prefer a choice of an office. The petition review will be scheduled with the same office where the plan was/will be reviewed. You will receive a FAX back with an Appointment Date, Transaction ID No. and Assigned Reviewer. You may also email the request to planschedule@commerce.state.wi.us. If you wish to schedule a review appointment by phone, you may call any of the full service offices. At the time of making an appointment, you may request review for a specific office of desired (beginning) date for review. Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment. Non-scheduled submittals or submittals received without a confirmed appointment date and transaction number on the form may be assigned to offices other than the receiving office depending on reviewer availability. To obtain a submittal checklist call the material order unit at 608-266-1818 or one of the full service offices listed below .. Certain petitions may be limited to certain offices depending on the petition issues, see above table for appropriate office.

Madison S&BD	Hayward S&BD	LaCrosse S&BD.	Shawano S&BD	Green Bay S&BD	Waukesha S&BD
201 W Washington Ave	10541N Ranch Rd	4003 N Kinney	1340 E Green Bay	2331 San Luis Place	141 NW Barstow S
53703	Hayward WI 54843	Coulee Rd	Shawano WI 54166	Green Bay, W I 54304	Waukesha WI 53188
PO Box 7162	•	LaCrosse WI 54601-			
Madison WI 53707-7162	715-634-4870	1831	715-524-3626	920-492-5601	262-548-8600
608-266-3151	Fax: 715-634-5150		Fax: 715-524-3633	FAX: 920-492-5604	Fax: 262-548-8614
Fax: 608-267-9566	Email: haywardsch@	608-785-9334	Email: shawanosch@	Email: greenbaysch@	Email: waukeshasch@
TDD 608-264-8777	commerce.state.wi.us	Fax: 608-785-9330	commerce.state.wi.us	commerce.state.wi.us	commerce.state.wi.us
Email: madisonsch@		Email: lacrossesch@			
commerce.state.wi.us		commerce.state.wi.us			